

APPLICATION FOR IOWA WAREHOUSE LICENSE

LICENSE NO.: W-_____

The undersigned hereby makes application to participate in the Iowa Grain Depositors and Sellers Indemnity Fund in conformity with the provisions of Iowa Code Chapter 203D and to obtain a Warehouse Operator License in conformity with the provisions of Iowa Code Chapter 203C and the Rules of the Department of Agriculture and Land Stewardship, and in support thereof, submits the following information:

Full and correct name of applicant

Corporate Office

Mail Address	City	State	Zip Code
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Location of Business

Street Address	City	County	State	Zip Code
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Mailing Address _____

Street No. or P.O. Box	City	State	Zip Code
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Name of Manager _____ Business Phone _____

Fax Number

Applicant is a/an _____ **doing business under the name of**
(Corporation, Individual, Partnership or Limited Liability Company)

Tax payer identification number of applicant

(employer identification number of firm or owner's social security number)

Fiscal Year End of applicant is

The applicant, if a corporation or limited liability company was organized under the laws of the state of _____ and is authorized to do business in the State of Iowa, and that the names and addresses of the officers are as follows:

President	Address
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Secretary	Address
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Treasurer	Address
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If applicant is a partnership or limited liability company, the partners or members are as follows:

NAME

ADDRESS

The warehouse facility or facilities proposed to be licensed is or are as follows: (If additional space is needed, attach sheet)

[illegible]

For Office Use Only

CAP

Approved: _____

N/W _____

EFFECTIVE _____

Signature of Warehouse Examiner

FEES

CHECK #

Fees are based upon your licensed storage capacity. Please check the range which your license will fall into:

<u>BUSHEL</u> OF <u>CAPACITY</u>	<u>FEE</u>
100,000 or less	\$58
100,001 to 750,000	125
750,001 to 1,500,000	191
1,500,001 to 3,000,000	249
3,000,001 to 4,750,000	307
4,750,001 to 9,000,000	374
9,000,001 or more	440

Fees for storage of products other than bulk grain are based on licensed value. Please check the range which your license will fall into:

\$100,000 or less	\$ 60
\$100,001 to \$300,000	100
\$300,001 or more	200

The license fee for new licenses shall be prorated on a monthly basis for licenses issued for less than a year.

Applicant will submit such further evidence in support of statements made in the application as required by the Department.

As a condition to the granting of this application, applicant agrees to comply with and abide by all terms of Iowa Code Chapter 203C and 203D, and such rules as are or may be prescribed thereunder by the Department. Applicant acknowledges that the storage facilities listed in this application are either owned by or have been leased to the applicant and that applicant has access to and control over these facilities.

Dated this _____ day of _____, _____

By _____
Signature & Title

OATH

State of _____)
County of _____) ss.

I, _____, being first duly sworn on oath, depose and say that I am the

_____ of _____,
Title Business Name

that I have read the foregoing application, know its purpose, am familiar with the facts therein set forth and the same is true and correct.

Signature

Subscribed and sworn to before me, a Notary Public in and for the State and County above named, this

_____ day of _____, _____.

Notary Public

Application must be signed and sworn to by applicant, if an individual; by a member of the partnership, if applicant is a partnership; or by any officer of the corporation, if applicant is incorporated.